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ABSTRACT

This issue of the newsletter "Prevention Forum" focuses on smoking among adolescents. The articles are as follows: (1) "Where There's Smoke--Will Prevention Put Out the Fire?" (Joanne Burgess), an overview of the Surgeon General's report "Preventing Tobacco Use among Young People," including interviews with prevention and anti-smoking activists; (2) "No Defenses: Keep the Smoke-Free Goal Alive" (Jackie Garner), on the economic and health effects of becoming a smoke-free society; (3) "Illinois Studying Tobacco-Use Prevention" (Barbara Cimaglio), outlining a three-pronged study of liquor stores' sale of tobacco to minors, local ordinances relating to tobacco sales and the laws' enforcement, and undercover investigations of the sale of tobacco to minors; (4) "Social, Political Action Favoring Anti-Smoking Ideals" (Joanne Burgess), highlighting tobacco taxation, public smoking restrictions, and youth access restrictions as ways of discouraging tobacco use; (5) "Dedicated Doctors Have Serious Motives behind Light-Hearted Antics," focusing on Doctors Ought to Care, a group that parodies advertising and mocks alcohol and cigarette companies; (6) "Not Just a Habit, Smoking Is Life Threatening" (Joanne Burgess), focusing on the addictive properties of cigarettes, the effects of second-hand smoke, and the health effects of smoking as teenagers. Publications reviews and announcements of upcoming events are included. (AC)

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Where There's Smoke — Will Prevention Put Out the Fire?

By Joanne Burgess

1,192 people quit smoking in the United States every day — by dying from smoking-related causes.

A cool cartoon camel spreading the virtues of smoking serves as the main weapon in use today by the tobacco industry to encourage smoking among teens, the market being hardest hit by the cigarette advertising wars. Government statistics and data support that adults are controlling and cutting back their addiction to smoking, which has given the tobacco industry cause to set its sights on teens as their source for new customers and revenue.

The problem of smoking among young people and the efforts by the tobacco industry to bring more smokers into the fold have garnered attention from the federal government. The 23rd Surgeon General's report specifically targets the youth smoking problem. The series of reports on smoking and health began in 1964, and has traditionally focused on the health aspects of adult tobacco use.

Youth Smoking

Early reports made the initial link between smoking and cancer. Since then, the momentum has been building to encourage people to stop smoking. The 1994 report, "Preventing Tobacco Use Among Young People," is a call to arms against youth smoking issued by Surgeon General Joycelyn Elders.

Many prevention professionals welcomed the vote of confidence from the Surgeon General. Luke L. Burchard, M.D., is Regional Director of Family Practice for Christie Clinic in Champaign, Illinois, and President of Doctors Ought to Care (DOC), a national anti-smoking coalition of medical professionals. Burchard has long been a medical activist in the field of tobacco use prevention. In regard to confronting the issues that affect youth, he said he is very pleased with the Surgeon General's call to action.

"This report legitimizes everything that has been said about tobacco prevention," Burchard said. "It is an endorsement of all that we have been talking about and fighting for." He believes that the report will put everyone on alert to the fact that there is a serious and growing problem among the youth population. "We need to take our

continued on page 3

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Inside *Prevention Forum...*

In the 30 years that the Surgeon General has sponsored reports on the health of the nation, 23 of those reports have focused on smoking. The 1994 edition of the report is the first to address the issue of smoking in relation to the youth population.

"Preventing Tobacco Use Among Young People: A Report of the Surgeon General" is a demonstration by Surgeon General Joycelyn Elders of primary prevention: instituting effective education and prevention measures before a problem can begin is the best way to avoid or reduce the likelihood of the problem in the first place.

But education about the dangers and risks of smoking has been in existence for years. Why do children — some while in elementary school — still pick up the addiction? In an overview article of the Surgeon General's report, including interviews with prevention and anti-smoking activists, writer Joanne Burgess brings to light the meshing of, and connection between, young people's ability to express themselves, interact socially, and stick chunks of burning leaves in their mouths. Cigarettes are marketed as the ticket that allows young people to be thought of as cool and hip, and able to express a certain level of rebellion. The marketing campaigns do not talk about the lung disease and other illnesses caused by smoking, or the costs to treat these conditions.

But, as Burgess points out, some bright spots on the horizon do exist. Doctors, government leaders, the prevention field, and interested individuals are focusing their energies to counteract the push by the tobacco industry. Efforts such as limiting smoking to designated areas and bans on smoking have been successful; other efforts are showing promise.

Features:

Social, political action favoring anti-smoking ideals 7
Dedicated doctors have serious motives behind light-hearted antics 9
Not just a habit, smoking is life threatening 10

Departments:

PRC Director: No defenses: Keep the smoke-free goal alive 2
DASA Director: Illinois studying tobacco-use prevention 2
What's new on the BBS? 11
Library Reviews 12
Workshops/Conferences/Updates 13

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No defenses: Keep the smoke-free goal alive

By Jackie Garner
Executive Director
Prevention Resource Center

Watch an automobile race or baseball game, read a magazine, or look up at billboards, and one glaring truth comes to light: cigarettes are a dictatorial power in society. The integration of cigarette smoking and tobacco advertising into the social structure has been so constant and subtle that many of us do not realize our power to decide how we live our lives is now in the hands of a cartoon camel and a fictitious cowboy. The addiction of nicotine and any of the 4,000 other chemicals in cigarettes has left us not really caring who is in control so long as we can light up at will.

Is this a life to which we must yield? Is the power of the puff too great to overcome?

In the June 9, 1994 edition of *USA Today*, Del Jones and James Cox present an interesting scenario: what would happen if cigarettes were to suddenly disappear from society? Gone. Just as if they never existed.

The writers cited facts pertaining to the United States that seem to make this scenario a nightmare, and which comprise a powerful defense for keeping tobacco and related industries in operation: $165 million in annual sponsorship of sporting and cultural events would disappear; $210 million in annual advertising dollars would be lost; 28% of non-gasoline revenue at convenience stores would go up in smoke. In all, a $48 billion loss in revenue for the U.S. economy would rock the nation.

Devastating. Horrible. Really?

Jones and Cox go on to state that smoking-related deaths, the number one cause of death in the United States, would also be eliminated, saving an estimated 400,000 lives each year. While the loss in revenue may be a hardship, the $52 billion annual reduction in health care costs would serve to balance the scale. Besides, the voids left by the disappearance of tobacco companies would be quickly filled by other product marketers who have been anxiously awaiting the opportunity to break into event sponsorship and to take a bigger piece of the advertising pie. It would also provide an opportunity for diversified tobacco companies to showcase their other products that are also such a part of daily life.

The writers are correct in stating the fact that, after the onslaught of nicotine withdrawal is addressed and spending falls into a regular pattern, saving and prolonging lives opens the door to a whole new scope of costs with which to burden the nation. But this is a problem we as prevention providers hope to one day face. Surmounting the negative impact of cigarette smoking and the tobacco industry's influence on society is a much greater task than helping a smoke-free population refine and tune good health practices.

The goal of achieving a smoke-free society is coming ever closer. We applaud the 1994 Surgeon General's report on smoking and its focus on the youth population. We hope the Surgeon General's report serves as a catalyst for putting the dangers of smoking back into the prevention spotlight. Already the ranks of prevention are growing. Government officials and concerned citizens are beginning to take a firmer stance against smoking, and the industry that has built up around tobacco.

Smoking among young people has been on the rise in recent years; 3,000 new children begin smoking each day. The time has come to travel to the headwaters of the issue and stop the flow of the tobacco industry's influence among our children. ■

Illinois studying tobacco-use prevention

By Barbara Cimaglio, Director
Illinois Department of Alcoholism and Substance Abuse

In 1993, the Illinois General Assembly approved, and Governor Jim Edgar signed into law, legislation (House Bill 1576; now Public Act 88-418) which calls upon the Illinois Liquor Control Commission (ILCC) to undertake a one-time study of tobacco sales enforcement in order to determine how well Illinois' current tobacco laws are adhered to, and to provide a baseline of data for later policing efforts.

In carrying out its responsibilities under the new law, the ILCC has adopted a three-pronged approach:

1) existing survey forms used in the inspection of liquor sales establishments have been modified to include several questions regarding the sale of tobacco to minors; 2) a comprehensive survey of municipalities is being undertaken to determine what local ordinances relating to the sale of tobacco to minors may exist, and the degree to which state and local laws are enforced; and 3) a procedure that uses minors to conduct undercover investigations regarding the sale of tobacco products has been established.

In a move similar to those used to combat underage alcohol sales, the ILCC is intending to use 16- and 17-year-old minors, acting under the guidance of commission representatives and other adults, to attempt undercover purchases of tobacco products in both over-the-counter and vending machine locations. The data gathered through this process will be analyzed to determine statistical inference, demographic information and trends, and frequency distributions on selected data. It is hoped that this process, coupled with the other two approaches being used by the ILCC, will result in a baseline of data

continued on page 3

Where There's Smoke

continued from page 1

kids back. We need to get them back from alcohol and tobacco groups that are attempting to fashion detrimental behavior and consumption for their profit."

Smoking is not a natural act in the eyes of anti-smoking advocates. It is unhealthy, addictive, and the cause of almost one half million deaths per year in this country alone. Roughly 3.1 million adolescents — defined as those youth aged 10-18 — smoke, with another 3,000 new smokers lighting up each day. That is about one million new smokers each year, most of whom are too young to legally buy their own cigarettes.

> *"We need to take our kids back. We need to get them back from alcohol and tobacco groups that are attempting to fashion detrimental beh[illegible]or and consumptio[illegible] for their profit"*
>
> *— Dr. Luke Burchard*

Much has been learned about the health consequences of smoking, and, more recently, the hazards of second-hand smoke. Considerable gains have been made over the years in combating the addiction to cigarettes, proven by the percentage of adult Americans who smoke steadily dropping during the past 30 years; since 1965, the number of adults who smoke has dropped about 40%.

C. Everett Koop, former U.S. Surgeon General of the United States, has stated that, "Cigarette smoking is clearly identified as the chief preventable cause of death in our society." This message has changed the approach to doing business for many company owners, their employees, and their customers. Many employers now restrict smoking to certain areas, restaurants offer non-smoking sections, and smoking is banned on all domestic airline flights.

Giant fast-food chains have begun banning smoking altogether in their restaurants, and new no-smoking edicts have challenged the military, which 30 years ago encouraged soldiers to "smoke 'em if you've got 'em."

Though tobacco products have been a mainstay of American enterprise for more than 400 years, that economic stronghold is being challenged. A bill just passed the U.S. House of Representatives that would change the face of smoking in all places, both public and private, and a House subcommittee has voted to finance its health care plan with a $1.25 per pack excise tax on cigarettes.

Dr. David Kessler, commissioner of the Food and Drug Administration (FDA) has also warned that he will use his power to ban cigarettes if Congress does not give his agency the job of regulating tobacco. One of Kessler's strongest weapons is the new evidence that nicotine is addictive and that the tobacco industry manipulates levels of the substance to keep smokers hooked.

> *Among addictive behaviors, cigarette smoking is the one most likely to become established during adolescence*

Illinois studying

continued from page 2

which may be used as the State of Illinois attempts to further refine how it enforces laws barring tobacco sales to minors.

The legislation enacted last year does not address the question of long-term enforcement of tobacco sales laws and ordinances. While Illinois law currently bars minors from purchasing tobacco products, enforcement of the laws is left up to the discretion of local law enforcement officials. No state agency currently has the statutory authority to enforce tobacco sales laws. As a result, what enforcement there is in Illinois is done at the community level by local law enforcement personnel.

The Department of Alcoholism and Substance Abuse believes that the results of this local enforcement have been mixed at best. While some municipalities have aggressively undertaken measures to stop the sale of tobacco products to minors, little is done in many other municipalities to stop such sales or purchases. Many local law enforcement officials, we believe, take the position that they cannot afford to expend already scarce resources and manpower on enforcing tobacco sales laws at a time when much more serious crimes, such as robbery, burglary, assault, etc., continue to increase.

A variety of approaches to better enforcement of the laws relating to the sale of tobacco to minors have been discussed by governmental and community leaders. But no consensus has been reached as to what approach to take. There is a significant reluctance on the part of legislators to impose new licensing requirements on small businesses that sell tobacco products. Additionally, because of the recent fiscal crisis which Illinois state government has undergone, there is considerable reluctance to add to the bureaucracy by authorizing the hiring of additional state personnel to do enforcement inspections. The state will continue to grapple with these issues throughout the coming months. ■

Glen Hartweck, student assistance program coordinator for the Deerfield/Highland Park Township School District #113 in Illinois, has been involved in prevention activities for 25 years. "Any time a public official takes a positional stand against drugs and alcohol, it can be a very positive influence for championing causes," he said.

Hartweck has been at the forefront of the prevention force, and has strong opinions about what works. A very positive step, he believes, was the naming of Barbara Cinaglio as Acting Director of the Illinois Department of Alcoholism and Substance Abuse. "She brings to the table a wealth of experience in both prevention and intervention," Hartweck said. "The combination of the two are the keys to the future success of dealing with

continued on page 4

Where There's Smoke

continued from page 3

adolescent tobacco use. Both are important to the health of our youth."

Addressing the issue

Prevention professionals have long understood the role smoking plays in the development of youth. Among addictive behaviors, cigarette smoking is the one most likely to become established during adolescence. According to the new Surgeon General's report, cigarettes are regarded as a gateway drug which leads smokers to the use of other drugs such as alcohol, cocaine, and heroin. Even when using other drugs, cigarettes often remain a part of daily life.

The Surgeon General's report also states that smoking among adolescents declined in the 1970s, leveled off in the early 1980s, and, coincidentally, began to increase in the mid-1980s as cigarette companies boosted promotional budgets. The percentage of females classified as teen smokers "came a long way, baby" in the mid- to late-1970s and smoked more than males. Today, however, both sexes are in a dead heat as to who lights up the most. Nationally, white adolescents use tobacco more than African American or Hispanic youth, the report added. There has been a substantial decline in the number of African American adolescent smokers.

Today, however, both sexes are in a dead heat as to who lights up the most

Tobacco use typically begins by age 16. Almost all first use occurs before high school graduation. Twenty-five percent of 17- and 18-year-olds are current smokers.

According to the report, cigarette smoking during childhood produces significant and long-term health problems. Nicotine has been proven to be a dangerous drug, and cigarettes create the potential for a serious addiction. Studies have shown that people with other drug addictions report a greater difficulty with quitting cigarettes than any other substance. Many adolescent smokers are actually addicted to cigarettes when they decide to quit, and report withdrawal symptoms similar to those reported by adults. A teenager doesn't think about dying from a smoking-related illness, yet the health problems produced from adolescent smoking are serious and enduring.

Tobacco use during adolescence is discussed in the Surgeon General's report as a problem behavior. Cigarette smoking and other risk-taking and deviant behavior, such as fighting, carrying weapons, engaging in higher-risk sexual behavior, and using alcohol and other drugs, are all labeled as possible vehicles for adolescent rebellion and signs of independence.

Typically, tobacco use among adolescents progresses in five stages, as outlined by the Surgeon General:

- Adolescents, through their exposure to advertising and peer pressure, form attitudes and beliefs about tobacco, that it won't hurt them, or that it is "cool" to smoke;
- Youth at first try tobacco, not yet addicted, but attempting to develop an image for themselves;
- After learning the mechanics of smoking, adolescents begin experimenting with types and brands;
- Regular usage occurs as the nicotine and other chemicals in cigarettes creates an addiction;
- A young person becomes addicted to cigarettes and is unable to quit, regardless of the image he or she ultimately ends up conveying.

Studies have shown that people with other drug addictions report a greater difficulty with quitting cigarettes than any other substance

This process usually takes about three years. One third to one-half of those individuals who try cigarettes go on to smoke on a regular basis. Most adults are addicted by the age of 20.

Risk Factors

Seventy-five percent of the teens who smoke have at least one parent who, likewise, is a smoker, stated the report. Also, lack of parental support and involvement, coupled with high accessibility and availability of tobacco products, join together to become definite risk factors which can lead an adolescent into smoking.

Family history plays a key role in

What do you do when your children are smoking?

Parents — Do not make it easy for your child to smoke

DO NOT — Buy cigarettes for your children;

DO NOT — Give your approval to smoking in any way;

DO NOT — Let your children smoke in the house;

DO NOT — Give smoking any sanctions of any kind.

DO — Keep educating your children about the dangers of smoking;

DO — Make it clear that you do not approve of your children smoking at any time;

DO — Enlist help and support from friends, family members, teachers, and clergy to discourage smoking.

determining the likelihood of a child becoming addicted to smoking. If parents, siblings, or both smoke, such a habit is perceived to be the norm. Also, social factors associated with the onset of tobacco use include being a child from a family with low socio-economic status.

Outside influences alone do not guarantee that a youth will begin smoking. Many adolescents feel that tobacco use will make them cool, popular, and part of the "in" crowd. Oftentimes, these adolescents possess low self-esteem and low self-image, two personal risk factors leading to tobacco and other drug use. Tobacco advertising plays to these insecurities and sells the image that smoking is the norm, and offers all the social benefits of belonging that will close the gap between an ideal and actual self-image.

Identifiers that a youth is at possible risk of tobacco use because of individual behavioral characteristics include poor grades and little or no school or community involvement. In addition, lacking the skills needed to resist tempting influences, coupled with any tendency towards experimentation, presents risks.

A teenager doesn't think about dying from a smoking-related illness, yet the health problems produced from adolescent smoking are serious and enduring

Some facts that figure

According to statistics compiled by the National Institute on Drug Abuse, 25% of today's smokers started by age 12, 60% by age 14, and 90% by age 20. Due to the highly addictive nature of nicotine, many smokers are hopelessly addicted by the time they are old enough to understand the risks of smoking. Statistics have also shown that smoking rates have decreased over the past years in every age category except teenagers.

In a comprehensive analysis of the financial impact of smoking, the United States Office of Technology Assessment (OTA) compiled figures related to the mid-1980s. The figures were considered conservative and treated as the minimum amount.

- OTA estimated that cigarette smoking cost the economy $65 billion annually in healthcare and lost productivity costs. The healthcare portion was estimated at $22 billion, 6% of the Gross National Product.
- Annual smoking-related healthcare expenditures by the federal government included $4.2 billion in Medicare and Medicaid payments, $210 million through the Department of Defense, and $400 million by the Department of Veterans Affairs.
- Annual lost productivity related to smoking cost $43 billion, including smoking-related absenteeism and disability.
- Each pack of cigarettes sold in the United States cost the economy about $2.17.

Despite a current Illinois statute prohibiting the sale of tobacco to persons under 18, a recent study of 31 communities across the state showed that cigarettes are readily sold to underage youth. In the field survey, conducted by Doctors and Lawyers for a Drug-Free Youth, 16-year-old boys and girls attempted to purchase cigarettes in 502 locations. They were able to purchase in 420 (84%) of the locations shopped. In five communities, 100% of the stores targeted by the study sold to the teenagers, and over 90% in another six cities sold cigarettes illegally. One hundred percent of the restaurants and motels included in the study sold cigarettes to the 16-year-olds due to the ease of access to vending machines.

Because smoking is viewed as a gateway to the use of other dangerous and illegal substances, youth aged 12 to 17 who are current tobacco smokers are ten times more likely to actively use marijuana than those who do not smoke, according to research conducted by K.H. Ginzel, M.D. and Professor of Pharmacology and Toxicology at the University of Arkansas for Medical Science. These same youth are also 14 times as likely to be actively using cocaine, hallucinogens or heroin, Ginzel's research concluded.

The influence of the media

The young people of today face enormous pressures to smoke. The tobacco industry expends nearly $4 billion annually — $11 million a day — to advertise and promote cigarettes.

A shift to promotion through event sponsorship has occurred because of a ban placed on cigarette advertising in the broadcast media. This ban has ultimately proven harmful, since promotional campaigns utilize the sponsoring of sports events, concerts, and contests, which often have a large youth audience. These promotional avenues may actually be more effective in reaching our youth than were broadcast advertisements. Young people are being seduced by the fun, coolness, and sense of belonging that these campaigns promote, and it's always great to pick up a free gift. Specialty premiums, offering everything from T-shirts and visors to beach balls and calendars, all carry the mark of tobacco companies. Coupons and free samples are everywhere.

Many adolescents feel that tobacco use will make them cool, popular, and part of the "in" crowd

The Surgeon General's report offers research that points to the suggestion that tobacco promotion has two major effects: creating the perception that smoking is the norm, and suggesting that "everyone" smokes. Promoting sells social benefits by providing a link between actual self-image and the "ideal" self-image. Smoking is glorified to make youth believe it is the secret to being cool, popular, fun, and accepted by peers.

What does this mean on the street?

For an article in the April 8, 1994 *U.S. News and World Report*, interviewers discussed the smoking issue with 20 Baltimore teens. Half were boys, half were girls, and all were between 15 and 17 years old. After hours of discussion, it was evident that teens start smoking for two seemingly contradictory reasons: They want to be part of a peer group, but they want to reject society and its

continued on page 6

Where There's Smoke

continued from page 5

norms. They want to reach out and rebel at the same time.

According to the interviews for the article, many adolescents smoke when they socialize. Most often, smoking is done in groups; it gives the insecure a common bond. Teens see smoking as a sign of independence. The more authority tells them not to do it, the more they want to. For some, "it's a chance to be bad without being a criminal," the article stated.

Young women add that smoking is something that they do when bored but don't want to eat. It's a dangerous cycle; they don't want to stop smoking because they are afraid they will gain weight.

Anti-smoking advocates argue that these young people are being wooed by cigarette advertising. The message coming through is that if you want to swing and have a great time, come hang out with the very cool Joe Camel cartoon figure. Young women, too, are marketed in the same manner, getting their pointers from Josephine Camel. Camel's marketing approach appeals to the teenage desire for acceptance and fun, just as Marlboro taps into the teen desire to be defiant, adventurous, and self-reliant.

If the image isn't enough, both brands enhance their appeal by offering coupons that can be redeemed for hats, shirts, visors, and other prizes.

The approach is apparently successful, as evidenced by the reception of youth to the advertising:

Proportion of teen smokers who smoke Marlboros, the most advertised brand	69%
Proportion of adult Marlboro smokers	24%
Proportion of 6-year-olds who know Joe Camel	91%
Proportion of 6-year-olds who know Mickey Mouse	96%

Prevention can help

Most of the country favors policies that might prevent tobacco use among youth, according to the Surgeon General's 1994 report. Even smokers feel strongly that they do not want their children to ever start.

The report suggests the following measures to prevent tobacco use among young people:

- Tobacco education in the schools;
- Restrictions on tobacco advertising and promotions;
- A complete ban on smoking by anyone on school grounds;
- Prohibition of the sale of tobacco products to minors;
- Earmarked tax increases on tobacco products.

Also, according to the report, agreement exists that the best vehicle for getting the message across that smoking is unhealthy and not acceptable in this society is to curtail advertising. Lawmakers want to ban all cigarette advertising and promotions. Hartweck agrees with the conclusions offered by the Surgeon General, but takes it a step a further. "We need to recognize as a society that cigarettes are not glamorous. Movies need to stop associating smoking with wild, fun parties, and sexiness. We need to pull out the health message, introduce the smoking-induced cancer patient and the emphysema sufferer fighting for breath. Show the brown lungs, yellow fingernails, and discolored teeth. Breathe the foul breath, smelly clothes and hair. We must show these kids that, no, smoking is not cool."

Burchard, too, agrees with the Surgeon General's recommendation about education, and stresses the need for early prevention measures, starting in kindergarten. "The information must be consistent, often repeated, age appropriate, and specific," he said. "The most successful prevention teachings should be offered by professionals who are specially trained in drug prevention." A good example of this can be seen in the Smokefree Class of 2000 Project, a national project begun several years ago aimed at educating students about the hazards of smoking in order to produce a smokefree graduating class by the year 2000.

Taking it a step further is also important. Aside from learning the facts, kids need to personalize the information. They need to go through the decision-making process and learn logic and reasoning to help them utilize the information they're getting.

Parents need to play a key role in prevention. "Parenting is an everyday job that never quits," said Hartweck. "That means we need parents who are parents and not friends. Parents need to be role models with a clear sense of values. Kids today are too smart to abide by the old 'do as I say not as I do' adage."

> *"These issues need to be elevated to the role of health curriculum, like reading or math. This is the only way to create a generation of responsible non-users"*
>
> *— Dr. Luke Burchard*

> *"The information must be consistent, often repeated, age appropriate, and specific"*
>
> *— Dr. Luke Burchard*

Prevention education needs to be as much for youth as for adults. Physicians, like those affiliated with DOC, are getting more in tune with their patients. Education is geared to patients and their parents. A community collaboration can make a difference.

Burchard and his fellow DOC members embrace three main goals in their work with youth. They actively promote Pro-Health, Pro-Youth, and Pro-Truth.

Burchard also favors the use of students as educators. He believes that kids are more receptive to their peer groups, and praises organizations such as Teaming Up For the Future (TUFF), which employs high school athletes to get the word out about healthy behaviors utilizing positive peer pressure. Psychological immunization and role playing offer techniques in action. They help give kids the vocabulary to say no, and realistic practice doing it.

continued on page 7

Social, political action favoring anti-smoking ideals

By Joanne Burgess

Many community-based intervention programs strengthen social values that support non-smoking behavior. Community programs that utilize a number of support channels have found a degree of success which is carrying over into school systems. Public policies that discourage or openly prohibit tobacco use can be a very effective community intervention. Three main policies of note include:

1. Tobacco taxation

Studies suggest a relationship exists between the price of cigarettes and the frequency of cigarette smoking. High prices discourage use. Adolescents respond more than do adults to price increases by not buying cigarettes. The general consensus among anti-smoking advocates is that a major increase in cigarette taxes would result in a large reduction of adolescent tobacco use.

The House Ways and Means health subcommittee recently voted to increase the federal cigarette tax from 24 cents a pack to $1.25. The measure, sponsored by Congressman Mike Andrews (D-TX), would offset part of the cost that tobacco use places on the nation's health care system. Also, said Andrews, it would discourage young people from taking up smoking. Stay tuned...

2. Public smoking restrictions

Public smoking restrictions are very important to an environment that supports nonsmoking behavior. Such a ban creates a social climate where smoking is not the norm. These restrictions also make it harder to smoke, and can reduce the number of opportunities for a smoker to light up. Research on smoking restrictions in public places shows that these policies have a significant effect toward reducing adolescent smoking and are more effective in preventing use than in reducing consumption.

Adolescents respond more than do adults to price increases by not buying cigarettes

In the Chicago area, one of the hottest laws under discussion involves prohibiting smoking in all public places, including the workplace. The measure would ban smoking indoors everywhere except private homes, taverns, some hotel rooms, and the non-seating area of outdoor stadiums. In addition, the ordinance would also require that smokers stand five feet or more from the entrances of business establishments while they smoke. While there is much support, there is also a great deal of opposition. Similar bans are under consideration in New York City, New Hampshire, Utah, Vermont, Washington state and Maryland.

3. Youth access restrictions

Controlling the sale of tobacco to minors is another public policy strategy. Although it is illegal in all states to sell cigarettes to minors, children and adolescents have easy access to tobacco products through access to unmonitored vending

continued on page 8

Where There's Smoke

continued from page 6

Looking ahead

Surgeon General Joycelyn Elders has taken the health and future of America's youth to heart, taking part in teleconferences about the youth smoking issue and speaking out against smoking among teens. Anti-smoking prevention forces know that adolescent smoking issues are complex and there are no easy answers. The Surgeon General's report underscores the commitment that needs to be made. Prevention professionals can look to a future of exciting possibilities.

The tobacco industry expends nearly $4 billion annually — $11 million a day — to advertise and promote cigarettes

Hartweck sees strength in numbers. "As a concerned society we need to encourage all of those who are in a position to make a difference to continue supporting prevention efforts."

Burchard is hopeful that the report will keep smoking issues in the mainstream and on the front page. "Prevention needs to be in the schools as a strong presence. These issues need to be elevated to the role of health curriculum, like reading or math. This is the only way to create a generation of responsible non-users," said Burchard. He also sees the need for community and parental involvement. "If we all join together, guide our youth, and vigorously oppose negative influences, the prevention torch will keep burning."

Joanne Burgess is a freelance writer living in Deerfield, Illinois, who specializes in writing about health-related topics. ■

Social, political action

continued from page 7

machines, failure by store clerks to adequately check identification prior to selling tobacco products, or the youth circumventing the law by having an acquaintance of legal age purchase cigarettes.

The Synar Amendment, Public Law 102-31, was recently enacted to encourage enforcement of the laws. It requires that all states enact and enforce a law prohibiting the sale or distribution of tobacco products to minors as a condition of receiving full funding from block grants from the Substance Abuse and Mental Health Services Administration (SAMHSA).

School-based Programs

In addition to teaching smoking prevention, school districts and their governing boards have the opportunity to affect overall school policies that discourage tobacco use. The Centers for Disease Control and Prevention, in collaboration with a number of organizations, has developed guidelines to help school personnel plan and implement programs and policies to prevent tobacco use. They include:

1) Developing and enforcing a school tobacco policy, including:

- Prohibiting any tobacco use by students, staff, parents, and visitors on school property, in school vehicles, and at all school functions away from school property;
- Prohibiting tobacco advertising in school buildings, at school functions, and in school publications;

2) Providing instruction about the short- and long-term physical and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills;

3) Providing tobacco use prevention training from grades K-12 with a concentration in junior high or middle school and reinforcement in high school;

4) Implementing training for teachers to provide effective education to prevent tobacco use;

5) Involving parents and other family members in support of school-based programs to prevent use;

6) Supporting cessation efforts among students and school staff who use tobacco;

7) Assessing the program at regular intervals.

"The laws are not just about restrictions. The trend in smoking laws is moving toward more concern for public health"

— Barbara Silvestri

Research on smoking restrictions in public places shows that these policies have a significant effect toward reducing adolescent smoking and are more effective in preventing use than in reducing consumption

The laws they are a-changin'

There is no lack of politicking happening in the smoking arena. Barbara Silvestri, Director of Tobacco Programs and Policy at the American Lung Association of Metropolitan Chicago, believes that, "The laws are not just about restrictions. The trend in smoking laws is moving toward more concern for public health."

Can prevention providers effect changes in laws? "Most certainly," offers Silvestri. "Advocacy is the way to go. Grassroots groups are David while the tobacco companies are Goliath. We can't begin to match them dollar for dollar, but we are dedicated, and when we utilize the strong network of volunteers that has grown over the years, we can, and do, reach millions of people."

Silvestri has mobilized and encouraged many people who feel strongly about smoking and health. One such person, a Chicago man whose wife suffers from asthma, contacted Silvestri and the two outlined a plan of action. After a campaign of letters, phone calls, and speeches, Silvestri said the individual is in the last stages of effecting a smoking ban at O'Hare International Airport.

Silvestri is pleased with recommendations included in the 1994 Surgeon General's report on smoking. Although it is the 23rd in the series to address smoking, the report is the first in the series to address smoking among youth, and it offers suggestions for prevention of adolescent smoking. "Government needs to take the responsibility to protect the nation's health," said Silvestri. "In addition, people need to be in touch with their legislators. We need to regain our voice." She strongly favors strict enforcement of access laws and undercover sting operations to ensure compliance. Public, positive reinforcement for those who comply can provide a positive role model for business.

Another important issue of debate involves establishing tobacco retail licensing, Silvestri added.

Every outlet for the purchase of tobacco would need a license to do business. The revenue raised would go to enforcement of smoking laws and education as to the dangers of smoking. Any additional fines levied would go into these funds. Strong opposition is being voiced by retail and merchants' groups, but Silvestri feels that strong public pressure on legislators could have an impact.

"People really can make a difference," encouraged Silvestri, who welcomes inquiries about the smoking issue.

Joanne Burgess is a freelance writer living in Deerfield, Illinois, who specializes in writing about health-related topics. ■

Dedicated doctors have serious motives behind light-hearted antics

Be creative and name names is the advice for going head-to-head with the alcohol and tobacco industries, according to the Houston, Texas-based Doctors Ought to Care (DOC).

Being creative has meant putting the Barfboro Barfing Team on the road, creating poster ads showing people with cigarettes in their noses, and putting the message in people's minds that alcohol and cigarettes are drugs. Naming names has meant exposing some of the biggest industries in the country that use advertising on television and in magazines to get their products known.

A reason to act

Young people only have a one-in-10 chance of reaching age 18 without smoking, said Eric Solberg, executive director of DOC, during a speech in November. The inundation of alcohol and tobacco advertising has almost made the public numb to the dangers of smoking and drinking.

Solberg said DOC is out to invoke fun and poke fun at alcohol and cigarette manufacturers

Talking about "drug use" or "alcohol abuse" in the general sense is a generic way to get around the issue that specific companies are using advertising as a form of drug pushing, Solberg said. He offers tabloid newspapers as examples of how strongly these drugs are pushed. Although papers such as the *National Enquirer* do give health tips and new medical findings, they also cater to Marlboro cigarettes, which are more widely advertised than Pepsi or Nike, Solberg pointed out. *Newsweek* and *Time* magazines offer information on the latest breakthroughs in heart transplants and cancer medicine. But Solberg said they also devote several pages to cigarette advertising.

More than 400 brands of cigarettes are currently on the market. Marlboro cigarettes, of which there are 16 types, makes more money for parent company Phillip Morris than any of its 3,000 other products, including Nabisco foods, Solberg said. Although much of the $1.75 to $2.25 per pack is tax, Solberg added that cigarette companies still make a tidy profit, considering a pack of cigarettes can be produced for about a nickel.

Good for a laugh

DOC has been perceived by some people as a militant revolutionary group, out to wreak havoc and create problems for business. Instead, said Solberg, DOC is a group of physicians and others in the medical community wanting to make an impact in the effort to stop alcohol and other drug use. Their actions are not militant in the sense that violence occurs. Quite the opposite. Solberg said DOC is out to invoke fun and poke fun at alcohol and cigarette manufacturers.

To this end, DOC has enlisted the aid of a refurbished Volkswagen van to become the Barlboro Barfing Team transport, and follow the Marlboro Adventure Team van across the country. Last year, the bus traveled 10,000 miles. During stops, DOC drivers parked the VW near the Adventure Team, began taking pictures of the two vehicles and the Marlboro representative, and within minutes the Adventure Team packed up and left. During an auto race in Denver, the Pope, on a rare visit to the United States, blessed the Marlboro race car. However, Solberg said the Pontiff refused to bless the Barfboro van. The snub has become additional fuel to the DOC fire.

Legal interpretation

Although in 1971 the government placed a ban on advertising cigarettes on TV, Solberg pointed out that the ads continue. The scoreboard at most major league baseball games and other sports programming is oftentimes sponsored by Marlboro, Winston, Camel, and other cigarette companies. "That's paid advertising," Solberg said. "That's good advertising."

"They have to disguise themselves because they know the products they make are unacceptable"

— Eric Solberg

Companies that violate the 1971 ban are supposed to get a $10,000 fine for every time a violation occurs. Yet, no one has bothered to take the companies to court, Solberg said. There is a lot of money to be made from such fines, considering that in 1989, during the 90-minute television timeslot allotted to the Marlboro Grand Prix, Solberg said signs (advertisements) for Marlboro appeared 5,933 times in 47 minutes of viewing time.

Marlboro and other cigarette companies have gone on the defensive against DOC when discussing their involvement in automobile racing and other sports. Solberg said DOC considers the involvement as advertising for cigarettes, but the companies claim that the ads are strictly promotions for clothing and other by-products using the name. To Solberg, the car doubles as a rolling cigarette pack.

The same holds true with the alcohol industry, Solberg said. When the Rusty Wallace/Miller Genuine Draft race car is shown on TV, or the Budweiser Racing Team goes into action, "That's a 200 m.p.h. beer can," said Solberg.

continued on page 10

Not just a habit, smoking is life threatening

By Joanne Burgess

For years, smoking was perceived as a nasty habit. After much research, it is now known that smoking is much more than that, according to the 1994 Surgeon General's report on smoking, the 23rd in the series to focus on tobacco use; it is the most widespread example of drug dependency in our society. Nine out of ten smokers say they have tried to — or would like to — quit their smoking habit.

All dependency-causing drugs, like tobacco in cigarettes, share four basic characteristics:

- All are psychoactive. They affect the chemistry of the brain and nervous system and can affect moods and feelings;
- All can result in dependency and lead to compulsive use;
- Giving up the drug abruptly may cause physiological and psychological distress. The severity varies depending on the drug and the individual;
- There is a strong tendency among former users to relapse months, or even years, after quitting. This is most common among smokers because of the public nature of use.

According to Surgeon General Joycelyn Elders, cigarette smoking's addictiveness accounts for the millions of dollars in tobacco sales each year. Most smokers know the risks, and most would like to quit, but are discouraged by the difficulty of quitting.

The role of nicotine

Research indicates that nicotine reinforces and strengthens the desire to smoke and causes users to keep smoking. Nicotine occurs naturally in the tobacco plant, and is extremely poisonous in large quantities. Inhaling is the fastest and most direct way of getting nicotine to the brain. Because most cigarette smokers inhale, they absorb the nicotine more quickly than pipe and cigar smokers or those who chew tobacco or use snuff.

It is believed that second-hand smoke causes about 9,000 deaths per year

Nicotine can produce a variety of effects on the body. In stressful situations it may act like a tranquilizing drug; in quiet times, it may serve as a stimulant. Some effects of smoking are psychological; some smokers enjoy handling cigarettes and fussing with matches and ashtrays. Others smoke out of habit, often unaware that they are even smoking.

Most people do not stop to consider how much time they devote to smoking. In an 18-hour period of wakefulness a two-pack-a-day smoker spends three to four hours with a cigarette in mouth, hand, or ashtray. This equates to taking 400 puffs per day, and inhaling up to 1,000 milligrams of tar in the same period.

Taking on the industry

According to an article in the April 18, 1994 issue of *U.S. News and World Report*, in a February letter to the anti-smoking Coalition for Smoking or Health, FDA Commissioner Dr. David Kessler

continued on page 11

Dedicated doctors

continued from page 9

National advertising isn't the only venue for alcohol and tobacco companies, Solberg warned. A mobile community health truck that was discovered giving free blood pressure screenings and other health advice in a community came under scrutiny, he said. Although the clinic was providing a worthwhile service, it was also sponsored in part by Budweiser. No information was being offered about the dangers and effects of alcohol. "They have to disguise themselves because they know the products they make are unacceptable," Solberg said.

It's so easy, anybody can do it

The tactics followed by DOC are equally effective when used by others, Solberg said. Laughing at alcohol and cigarette companies, parodying advertising, and generally casting the products in a light of being ridiculous, are the best ways to shatter industry egos, he explained. Solberg said DOC's courage was boosted after the anti-drug advocacy group successfully won a suit filed by a tobacco company because that company's name and logo had been used in a spoof ad. The courts determined that no suit is legitimate if DOC is not making money off the advertisements.

Laughing at alcohol and cigarette companies, parodying advertising, and generally casting the products in a light of being ridiculous, are the best ways to shatter industry egos

The secret to successfully confronting the industries, according to Solberg: "They [big companies] can't stand to be laughed at. They can't stand to be ridiculed." ■

Not just a habit

continued from page 10

stated, "It is our understanding that manufacturers commonly add nicotine to cigarettes to deliver specific amounts of nicotine."

Kessler backed up his allegations by citing a 1972 internal memo by a Phillip Morris scientist who wrote: "Think of the cigarettes as a dispenser of a dose unit of nicotine." In addition, Kessler alluded to 33 patent filings by the tobacco industry suggesting manufacturers can precisely control nicotine levels in cigarettes. One patent filing report stated: "It is a further object of this invention to provide a cigarette which delivers a larger amount of nicotine in the first few puffs than in the last few puffs."

Not breathing easy about second-hand smoke

The 1986 Surgeon General's Report was the first to address the effects of second-hand smoke on individuals who do not smoke.

The younger a person is when he or she begins smoking, the greater the risk for developing smoking-related illnesses

Tobacco smoke contains about 4,000 chemicals, including 200 known poisons such as DDT, ammonia, arsenic, benzene, formaldehyde, and carbon monoxide. Every time someone smokes, these poisons are released into the air, which means that not only is the smoker inhaling them, but everyone else around him or her is also subjected to the same chemicals. Studies now show that this second-hand smoke can have harmful effects on nonsmokers and even result in the development of lung cancer. It is believed that second-hand smoke causes about 9,000 deaths per year.

Every time a person lights up, smoke can enter the body from two sources.

The first, mainstream smoke, is pulled through the mouth during the inhaling or puffing stage of smoking. Nonsmokers are exposed to mainstream smoke after the smoker exhales it.

The second — and even more dangerous — source of smoke is sidestream smoke, which goes directly into the air from burning tobacco. According to the Surgeon General's report, this form of smoke has higher concentrations of tar and nicotine than what is found in mainstream smoke. In addition, carbon monoxide, which robs the blood of oxygen, can be two to 15 times higher in sidestream smoke.

Second-hand smoke is especially harmful to infants, and children of parents who smoke in the home. A number of studies indicate that in their first two years of life, babies of smokers have a much higher rate of lung diseases such as bronchitis, pneumonia, asthma, and disturbances in the middle ear and lungs.

Smoking by pregnant women often leads to premature babies with low birth-weights. These children usually suffer from respiratory distress syndrome. Smoking also increases the risk of miscarriage, still births, and birth defects.

In the February 23, 1994 report in the *Journal of the American Medical Association*, it was mentioned that even when a pregnant woman doesn't smoke, her breathing the smoke exhaled by smokers in her proximity can expose the fetus to toxins from the cigarettes.

Early smoking, early consequences

The younger a person is when he or she begins smoking, the greater the risk for developing smoking-related illnesses. In the 1994 report, the Surgeon General reported that even teenagers can experience adverse effects from smoking, such as:

- An overall decrease in physical fitness;
- Increased coughing and phlegm;
- Greater susceptibility to respiratory illnesses that could be very severe;
- Early development of artery disease which could lead to heart disease;
- Slowed lung growth which by adulthood could reduce normal lung function. ■

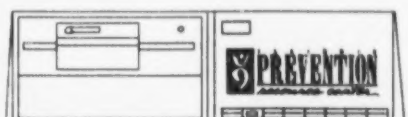
What's new on the BBS?

Tips On How to Quit Smoking

To quote Mark Twain: "To cease smoking is the easiest thing I ever did. I ought to know, because I've done it a thousand times." Sometimes it takes a little extra help to successfully complete the smoking cessation process. This file contains tips for providers to help their customers, and for individuals, who want to quit smoking.

If you have a PRC BBS account, you can download the file from the PREVline RADAR File Library (filename: QUTSMOKE.TXT).

PRC BBS is an electronic bulletin board service that you can access through your computer with a modem and communications software.



If you are interested in establishing a free account on the PRC BBS, contact:
Valerie Hoskins, BBS Information Specialist,
(800) 252-8951 (in Illinois) or (217) 525-3456, ext. 116 (out of state)

Publications Review

By Mary O'Brien, Library Coordinator
Prevention Resource Center
Springfield Library

Tobacco Talk: Educating Young Children About Tobacco
By Carol D'Onofrio, 1991, Network Publications, Santa Cruz, CA. 163 pgs.

How to impart an understandable message to young children about the health and social hazards of tobacco use can be a perplexing decision. *Tobacco Talk* provides suggestions and advice for making the discussion less confusing for the child and adult. The handbook focuses on educating children, up to age 10, through the use of a series of informal conversations, and helping them unscramble mixed messages they get from society about smoking and chewing tobacco.

Tobacco Talk can be used as a guide for teachers participating in tobacco education programs, or as a source of help for parents and care providers who want children to stay healthy and tobacco-free.

You and Me Tobacco Free: Children's Activities in Tobacco Awareness
By Judith K. Scheer, 1990, Network Publications, Santa Cruz, CA. 68 pgs.

Children can use this primary-level reader to have the opportunity to take an active part in developing their own "no-smoking" decisions and "no-tobacco" rules. The health activities are designed to provide educational experiences that promote an attitude of "non-use" about tobacco. Children gain an understanding of a healthy respiratory system, tobacco as a habit-forming drug, second-hand smoke and how to avoid it, and how to define and communicate their own rules about tobacco use.

Choose To Be Tobacco Free: Smokeless Tobacco Prevention Materials
By Jean Funk and Gretchen Griffen, 1987, Hazelden Foundation, Minneapolis, MN. 89 pgs.

This educational curriculum on smokeless tobacco — chewers and dippers — is for grades 5 through 12. The program informs students of the physical and social consequences of using smokeless tobacco, discourages the use of these products, and promotes healthy behavior.

Choose To Be Tobacco Free includes activities to supplement existing tobacco use prevention and chemical health curricula, and a variety of educational methods including large and small group activities that can be led by students. Each activity includes the purpose of the lesson, suggested time for activity, materials, and instructor background and directions.

Minnesota Smoking Prevention Program: A Tobacco-Use Prevention Curricula
University of Minnesota, School of Public Health, 1989, Network Publications, Santa Cruz, CA. 110 pgs.

The six-session program uses education methods — including group discussions, cooperative learning projets, videotapes, and role playing — to support prevention of the onset of tobacco use among teens. The curriculum addresses some of the social and psychological factors that may influence teens to begin smoking or use smokeless tobacco.

Included is a section on training same-age peer leaders to facilitate curriculum activities, and a peer leadership guide.

Books and printed materials reviewed in *Prevention Forum* are available to Illinois residents for a two-week loan period from Prevention Resource Center libraries. Springfield: 217/525-3456 or 800/252-8951; Chicago: 312/988-4646 or 800/572-5385. To receive a copy outside of Illinois, contact the publisher.

Audiovisual Review

By Pat Barnard, Library Associate
Prevention Resource Center
Springfield Library

A Pact of Lies: The Advertising of Tobacco
½" VHS, junior high-adults, 38 min.

In their expose of the advertising strategies of the tobacco industry, Jean Kilbourne and Rick Pollay use more than 80 tobacco ads and secret corporate documents to bring to light the cynical and manipulative way in which the "lies are spread, and new generations of nicotine addicts are created."

Kilbourne is an internationally known media critic *(Calling the Shots: The Advertising of Alcohol)*; Dr. Pollay teaches advertising management at the University of British Columbia.

Purchase from: Kinetic, Inc., 255 Delaware Ave., Suite 340, Buffalo, NY 14202. Cost: $295.

The Feminine Mistake: The Next Generation
½" VHS, junior high-adults, 32 min.

Despite what is known about the effects of smoking, young women today are still being seduced by tobacco industry advertising and being pressured to smoke by their peers. You'll learn the results of current research on women and smoking from medical experts and see how women smokers suffer the consequences of their early decision to smoke.

Purchase from: Pyramid Film and Video, P.O. Box 1048, Santa Monica, CA 90406-1048. Cost: $295.

Tobacco: The Pushers & Their Victims
½" VHS, junior high-adults, 38 min.

Nobody, especially teenagers, likes to be told what to do. So why should tobacco companies get away with it? This video shows students exactly how and why the tobacco companies manipulate them into smoking and, eventually, legalized addiction. Teens are shown how to channel their adolescent rebellion into a new direction: toward cigarette manufacturers.

Purchase from: Pyramid Film and Video, 2801 Colorado Ave., Santa Monica, CA 90404. Cost: $225.

Audiovisual materials reviewed in *Prevention Forum* are available to Illinois residents for three-day loan periods from PRC libraries. Springfield: 217/525-3456 or 800/252-8951; Chicago: 312/988-4646 or 800/572-5385. To receive a copy outside of Illinois, contact the distributor.

Workshops/ Conferences/ Updates

The following announcements are offered for information purposes only, with no implicit or explicit endorsement by PRC or its funders intended.

Summer institutes

A series of institutes for teachers, counselors, social workers, nurses, and school administrators is being offered through the Teacher Enhancement Programs in Biology at the University of Wisconsin-Madison's *1994 Summer Institute for Drug Prevention Education.* The institutes cover topics ranging from the biology and prevention of Fetal Alcohol Syndrome to discussing social trends and the impact of alcohol and other drug abuse among African American youth.

The first of the five-day sessions begins June 13. Classes run through July 29. Registration is limited.

For additional information, contact Diane Treis at 608/262-6456.

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TREND conference

- 1994 National TREND Conference: "Challenges, Choices and Change"
- August 11-14, 1994
- Doubletree Hotel and Conference Center, St. Louis, MO
- Sponsored by National Council on Alcoholism and Drug Abuse
- Registration: $175, high school/college students; $275, adults

The conference will offer five tracks, each focusing on different strategies that promote an alcohol-, tobacco-, and other drug-free lifestyle: high school, college, cross-age teaching, peer helpers, and community development.

Participants will be encouraged to focus on motivating communities and schools to take a leadership role in preventing ATOD use and providing skills and strategies for enhancing prevention programs.

For registration information, call 314/962-5124 or 800/666-5124.

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FAEP seminar

- "Identification, Prevention and Treatment of FAS: An Intensive Seminar"
- October 17 and 18, 1994
- Boston University School of Medicine, Brookline, MA
- Registration: $500 for two-day seminar

The Fetal Alcohol Education Program of Boston University School of Medicine is hosting this intensive training as an aid for health-care and educational professionals and health policy planners interested in alcohol's effects on pregnancy and fetal development. Discussion will include reviewing the pharmacology of alcohol, the mechanisms of alcohol's actions, the characteristics of FAS/FAE, and treatment strategies for at-risk women and their children.

The seminar will be conducted by researchers and educators Lyn Weiner, M.P.H., and Barbara Morse, Ph.D.

For registration information, call 617/739-1424.

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National conference

- "Perinatal Health Care: The Challenge to Change," 1994 Clinical Conference and Exposition
- November 17-20, 1994
- Sheraton Harbor Island, San Diego, CA
- Hosted by the National Perinatal Association

The conference will address a variety of clinical topics related to perinatal health care from a multi-disciplinary perspective, including: Caring for Pregnant HIV Patients,

continued on page 14

Clearinghouse Review

By Carolyn Murphy, Library Associate
Prevention Resource Center
Springfield Library

Surgeon General's Report 4 Kids
Centers for Disease Control and Prevention, Office on Smoking and Health, 800/232-1311.

Because Surgeon General Joycelyn Elders issued a report *about* smoking and kids, she thought one should be issued *for* kids. The Surgeon General's Report for kids about smoking is a fact-filled, 12-page magazine aimed at youth and adolescents. The eye-catching magazine features an interview with the Surgeon General, facts about cigarettes and smokeless tobacco, and information about tobacco advertising. Kids aged 12-18 can also learn what others their age are doing to stamp out tobacco use.

Tips for Teens About Smoking
National Clearinghouse for Alcohol and Drug Information, 800/729-6686.

A compact, tri-fold pamphlet spells out the risks associated with smoking cigarettes, provides smoking-related statistics, and discusses the addictive nature of nicotine.

Clearinghouse materials reviewed in *Prevention Forum* are available free of charge to Illinois residents from PRC's Springfield library: 217/525-3456 or 800/252-8951.

Pain Management in the Neonate, Health Care Reform, Perinatal Services in the Era of Managed Care, and Tuberculosis and Asthma and Pregnancy.

For registration information, call 510/828-7100, ext. 3; fax 800/FAX-9923 or 813/971-1008; fax 813/971-9306.

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Elder conference

- Eighth Annual Elder Rights Conference
- July 13 and 14, 1994
- The Westin Hotel, Chicago, IL
- Sponsored by the Illinois Department on Aging
- Registration: $75, full conference; $85 after July 6 or on site

The conference, designed to increase knowledge and awareness of the rights of older persons in long-term care, legal and community situations, is divided into four tracks: Elder Abuse, Legal, Ombudsman, and General. Keynote address will be given by David B. Oliver, Ph.D., executive vice-president of rehabilitative, chronic, and long-term care service at Heartland Hospital West in St. Joseph, MO. General sessions include "Improving Police Response: Working with Law Enforcement Agencies," and "The People's Court."

For registration information, call 217/785-3377.

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Teacher institute

- The Service Learning Summer Teacher Institute
- July 18-23, 1994
- Wilder Forest Conference Center, Marine on St. Croix, MN
- Hosted by the National Youth Leadership Council
- Registration: $595, covers room, board, transportation during program

The institute, which highlights service-learning as an educational reform methodology, is designed to equip teachers, administrators, agency staff, and other educators for designing or enhancing service-learning programs. Participants will be provided with information for conducting introductory presentations to others interested in service-learning.

Institute attendees are eligible for three "quarter hours" of graduate credit from the University of Minnesota for an additional university fee.

For registration information, call 612/631-3672.

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Youth institute

- 1994 Summer Youth Leadership Training Institute: Youth 2000: Preparing for the Future
- August 9-14, 1994
- George Williams College, Williams Bay, WI
- Hosted by Midwest Regional Center for Drug-Free Schools and Communities
- Registration: $200 per participant, due by July 15, 1994

High school students will be instructed how to direct their energy and idealism into practical approaches to dealing with alcohol, tobacco, and other drug use issues. The institute is designed to facilitate creativity, develop ATOD prevention awareness skills, and enhance leadership skills. Institute training will address: ATOD use prevention; violence prevention; effective communication skills; cultural sensitivity skills; action planning; and trainers' roles and responsibilities.

For registration information, call 800/252-0283 or 708/218-1054.

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Infant-Parent institutes

The Infant-Parent Institute of Champaign, IL is offering three conferences in August and October:

- *Brief Summer Course in Infant Mental Health*, August 23-26, 1994 in Champaign

Discussion will focus on the nature of attachment in infancy, how families prepare for the arrival of a baby, problems of infant-parent "fit," and a method of family assessment and treatment. Case material will be used to guide discussion.

- *Infant-Parent Psychotherapy and the Schizophrenic Parent*, October 16-18, 1994, Urbana, IL

Study will focus on problems of managing the care of a schizophrenic parent while protecting the infant, measuring the impact of the parent's illness, and balancing needs.

- *Fall Seminar on Loss and Separation in Infancy*, October 30-November 1, 1994, Urbana, IL

Focus will be on the impact of separation and loss on babies and their families with attention to the ramifications for parental separation, divorce and illness, daytime substitute care, infant hospitalization, foster care and adoption, and judicial and child welfare system practices and policies.

For registration information about

all three seminars, call 217/352-4060.

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Anger management

The National Institute on Drug Abuse and the National Institute of Mental Health have developed a new program designed to teach youth to manage anger and reduce acts of aggression, which has culminated in the release of *Anger Management for Youth: Stemming Aggression and Violence.*

The "Personal Growth Class" program was originally piloted with 1,200 Washington, DC high school students in danger of dropping out. The program uses a peer mediation approach to help youth identify and channel their anger. The *Anger Management* publication developed out of the program can be used as a basis for teaching coping skills to youth in schools, juvenile justice, and alternative youth care settings. Copies are available for $18.95 each from the National Educational Service, Bloomington, IN.

For ordering information, call 812/336-7700.

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New video

The Bureau for At-Risk Youth has released a video, *The Possible Dream? The Quest for Racial and Ethnic Harmony in American Schools,* which works with teens to encourage racial, ethnic, and religious understanding and appreciation for all human differences.

The issue of understanding is approached in the video through the eyes of a group of teenagers following a racial brawl at their high school. The students are shown the importance of their involvement in changing racial and cultural outlooks.

For information about ordering the video, call 800/99-YOUTH.

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Book release

The movement toward developing new school-community organization relationships is captured in a new book, *Full Service Schools: A Revolution in Health and Social Services for Children, Youth, and Families,* by independent researcher and writer Joy Dryfoos, through a long-term Youth at Risk Project supported by the Carnegie Corporation.

In Dryfoos' vision of full service schools, educators are able to concentrate on quality education while other service providers handle social unrest and community needs. Cost of the book is $25.

For ordering information, call 415/433-1767.

FAS handbook

A 33-page handbook offered by the Fetal Alcohol Education Program of Boston University School of Medicine covers 13 areas in relation to Fetal Alcohol Syndrome and Fetal Alcohol Effects, including: sleeping, eating, developmental milestones, speech and learning problems, illnesses, sensory disorders, activity levels, learning problems, behavioral concerns, friendships, family relationships, adolescence, and parent needs.

Each section of the handbook contains responses to common questions regarding FAS/FAE and suggestions to aid behavioral and emotional development.

The handbook, available for $7.50, can be ordered by writing to: Fetal Alcohol Education Program, Boston University School of Medicine, 7 Kent St., Brookline, MA 02146. Bulk rates are available.

For additional information, call 617/739-1424. ■

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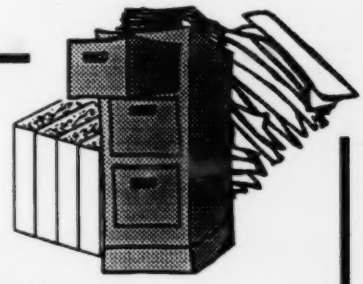
It's time for
INVENTORY



The Prevention Resource Center libraries in Springfield and Chicago will be closed for annual inventory

July 11-15

PREVENTION resource center

The libraries will reopen on their regular schedules beginning July 18.

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Editor: Russell K. Stare

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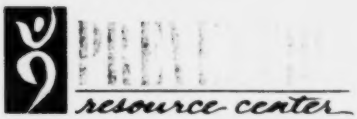

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